

10/663011

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Docket Number							
APPLICATION AS FILED – PART I													
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY							
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)						
BASIC FEE (37 CFR 1.16(a), (b), or (c))													
SEARCH FEE (37 CFR 1.16(k), (l), or (m))													
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))													
TOTAL CLAIMS (37 CFR 1.16(f))	minus 20 =			X	=	X	=						
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =			X	=	X	=						
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.													
APPLICATION AS AMENDED – PART II				SMALL ENTITY				OR OTHER THAN SMALL ENTITY					
(Column 1)		(Column 2)		(Column 3)		RATE (\$)		ADDITIONAL FEE (\$)		RATE (\$)		ADDITIONAL FEE (\$)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		X		=		X		=	
	Total (37 CFR 1.16(f))	9	Minus	20		X		=		X		=	
	Independent (37 CFR 1.16(h))	1	Minus	3		X		=		X		=	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))												
(Column 1)		(Column 2)		(Column 3)		RATE (\$)		ADDITIONAL FEE (\$)		RATE (\$)		ADDITIONAL FEE (\$)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		X		=		X		=	
	Total (37 CFR 1.16(f))	0	Minus	20		X		=		X		=	
	Independent (37 CFR 1.16(h))	0	Minus	3		X		=		X		=	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2